Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known				
				Application Number 10/644,577-0			onf. #5196	
				Filing Date		August 20, 2003		
				First Named Inv	entor	Connie Sanchez		
For FY 2008				Examiner Name		Yong S. Chong		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1617		
TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attorney Docket No. 05432/100M919-US2				
METHOD OF PAYMENT (check all that apply)								
Check x Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number. 04-0100 Deposit Account Name: Darby & Darby P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	310	155	510	255	210	105	<u>, cca i</u>	<u> </u>
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
•		105	510			310		
Reissue	310			255	620	0		
Provisional	210	105	0	0	0	U		O
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims						370	185	
· '	•		Fee F	Paid (\$)	M	lultiple Depend		.03
18 -20 = x =			<u> </u>			Fee Paid (\$	5)	
HP = highest number of total		eater than 20.			<u> </u>	<u> 141</u>		4
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								_
1 -3= x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CF sheets or fraction the					or small e	entity) for each a	dditional 50	0
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00								
SUBMITTED BY Signature	(18/1	\mathcal{U}		Registration No.	41,151	Telephone	(212) 52	
	Name (Print/Type) Jay P. Less/er			(Attorney/Agent)		Date	October 3	
00.0001 01,2007								
	1							